

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 5 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Ivaline of looby ist	s partnership, firm or co	n poration, ir any.		
	on Government & Pr		, LLC	
(Nan	ne of partnership, firm or co	poration)		
900 Elm Street,	Р.О. Вож 326	Manchester	NH	03105-0326
lusiness Address: (St	reet)	(Town/City)	(State)	(Zip Code)
603) 628-1485	(603)	625-5650	e-mail joel.maiola@mclanegps.	
(Telephone)		(Fax)		
er most	(6)		1 " · OB ·	SI .
	ivers: (Choose one – file ansactions which are no			nay tue a separate repo
eportume expense ti	ansactons which are in	re accertificationic to any t	rne chemy.	
All reportable tran	sactions occurring in the	months prior to the repo	orting date relative to	the following client:
		,	3	
New Hampshire	Hospital Associat			
	(Full Name of Client as it	appears on the Lobbyist R	egistration Form)	
<u>)R</u>				
	actions by the lobbyist (i	ncluding the lobbyist's	family), or the lobbying	ng firm listed below whi
nrelated to any partic	ular client.			
	2.1			
V. Date of Report	April 24, 2019 🕅		July 31, 2019 🛚	
eports cover: activ	ity from date of registration	to 3/31/19 activi	ity from 4/1/19 to 6/30/1	9
	October 30, 2019 🗌		January 29, 2020 (
	activity from 7/1/19 to 9/30,	/19 activ	rity from 10/1/19 to 12/3	1/19
/ There have been	no fees received and	na ranartahla transi	actions mada sinca	the last report.
	complete just this form ar			
Concord, NH 03301.	somplete just ima joi in ui	ar supplied to the second	in y by blace is by loca	
	al reports are attached:			
•	ed fees or made expendit	•		
7 10 1 11	n honorarium or reimburs	sed expenses, you must	file Addendum B-R	eport of Honorariums o
Expense Reimburseme	on your family has made	political contributions,	you must file Adden d	um C– Political Contril
Expense Reimburseme	or your failing has made			
	or your failing has made			
Expense Reimburseme	or your failing has made			
Expense Reimbursens X If you, your firm, Sworn Statement/Aff	Trmation by Lobbyist			
Expense Reimburseme K If you, your firm, Sworn Statement/Aff have read RSA 15, R	Trmation by Lobbyist SA 15-B, RSA 14-C and	RSA 664 and hereby so	wear or affirm that the	: foregoing information
Expense Reimburseme K If you, your firm, Sworn Statement/Aff have read RSA 15, R	Trmation by Lobbyist	RSA 664 and hereby sobelief.	4	
Expense Reimburseme K If you, your firm, Sworn Statement/Aff have read RSA 15, R	Trmation by Lobbyist SA 15-B, RSA 14-C and	RSA 664 and hereby sobelief.	wear or affirm that the	

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) _Joel Maiola		
II. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC		
(Name of partnership, firm or corporation)		. / /
III. Name of Client New Hampshire Hospital Association	Date	4/24/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, o	r public relations services
a) Total of all fees received in this reporting period	a) \$	25,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).		0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	25,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if may be filed a aggregate expenses: (b) de: meals pu ss than \$10 and with a val orting period due of greate er than \$25, expense re	expenditures are made by for the lobbyist(s)/firm total of all expenses paid the aggregate total of all rchased during a business that is given to the person luc of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50. Embursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	25,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	25,000.00	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00	
f) Total of all expenses year to date	n s	25,000.00	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from beeriod, including by whom paid or to whom charged.	obbying fees du	ring this reporting	
Paid to:	Amount:		
	s		
	s		
	\$		
	s	 	
	s		
		•••••	
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the fore	going information	
Alar	4/18	4/19	
(Signature of lobbyist)	(Dat	e)	
Joel Maiola			
(Print Name of lobbyist)			

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